

Option 3
Verification of Bar Exam Passage Form

Required to be completed by the Applicant and the Bar Exam Passed Jurisdiction

===== TO BE COMPLETED BY APPLICANT =====

My Bar Exam Passed Jurisdiction is _____ (jurisdiction).

I, _____ (applicant name), _____ (SSN Last 4), am a licensed attorney applying for the February July _____ (year) Virginia Bar Exam. I am required to have the jurisdiction where I took and passed the bar exam to verify and complete this form for inclusion with my Virginia bar application materials.

Signature of Applicant

===== SECTION BELOW MUST BE COMPLETED BY JURISDICTION =====

I verify that _____ (applicant name), took and passed the
February July _____ (year) bar exam in _____ (jurisdiction)
and was licensed on _____ (licensed date).

Name of Jurisdiction Official

Title of Jurisdiction Official

Signature of Jurisdiction Official*

***Please note:** The signature of the Jurisdiction Official
must be original, no stamped signatures accepted.

===== RETURN ORIGINAL COMPLETED FORM TO (Applicant Check One): =====

☐

Applicant's Full Name

Applicant's Street address

Applicant's City, State, ZIP

☐

Virginia Board of Bar Examiners

2201 W. Broad Street

Suite 101

Richmond, VA 23220